Global road safety and the contribution of big business

Road safety policies must be based on evidence

Every day about 3000 people die and 30 000 are seriously injured on the world's roads.[1] Most casualties are in countries that the World Bank classes as low and middle income countries, and a large proportion are vulnerable road users—pedestrians, cyclists, and riders of motorcycles and scooters. The World Bank believes that a partnership between business, non-governmental organisations, and governments in these countries can deliver improvements in road safety.[2]

In 1999, while announcing the global road safety partnership, James Wolfensohn, president of the World Bank, described road safety as "an issue of immense human proportions, an issue of economic proportions, an issue of social proportions and an issue of equity. Road safety very much affects poor people."

The number of people killed or injured on the world's roads over the next two decades will depend on the changes that are made to transportation infrastructure in these countries. The World Bank has considerable influence in this sector: 13% of its lending is for transportation, compared with 11% for health, nutrition, and population sectors.[3]

The global road safety partnership, which brings together over 70 private sector and governmental organisations, aims to improve road safety around the world. Solving the world's road safety problems needs innovative research, practical measures, and financial resources, but there is no shortage of financial muscle among the partners. The partnership includes corporate giants such as the car manufacturers Ford, DaimlerChrysler, and Volvo and the drinks multinationals Bacardi-Martini and United Distillers. Being a socially responsible, philanthropic organisation is a criterion for joining the partnership, but will the interests of these economic powerhouses match what needs to be done in these countries to improve road safety?

One concern is that companies may support only those initiatives that serve their commercial interests and that road safety policies will be shaped more by what sells cars or alcohol than the effectiveness of the interventions. But perhaps this is pessimistic. Government regulations and the car industry's improvements of its products have had a beneficial effect on death rates of car passengers in rich countries. The challenges of improving road safety in Boston, however, are different from those in Bangalore. Whereas occupants of cars account for most road casualties in the United States, most casualties in India are pedestrians, cyclists, and users of motorcycles and scooters. In many low and middle income countries a large proportion of vehicles are motorcycles, and the density of vulnerable road users is much higher. Little work has been done to design safe roads for these conditions, and the World Bank is not addressing the issue.

Information on the initiatives that the partnership currently supports is available on its website.[2] Many of the examples of "emerging good practice," however, give cause for concern. Much of the partnership's literature emphasises the need for education about road safety. For example, on the topic of child pedestrians (some 300 000 child pedestrians are killed each year by vehicles) the partnership says that one reason why these accidents happen is that children do not have the necessary knowledge and skills that allow them to deal with the hostile traffic environment. Although the partnership sponsors educational programmes for child pedestrians in Africa and India, these programmes have never been shown to reduce casualties among child pedestrians.[4] Claims made by the partnership about the value of training drivers are also unsupported by evidence. Indeed, evidence from randomised controlled trials shows that training drivers can increase the rate of road crashes, by encouraging young people to drive sooner than they would in the absence of such programmes.[5]

One way that the partnership could show that its efforts are in the interests of vulnerable people in poorer countries would be to support the efforts of the World Health Organization and establish an evidence base for interventions to increase road safety. The preparation of sound systematic reviews of the effectiveness of road safety interventions was recently given a high priority by the WHO in its strategy to reduce traffic injuries. Much of the information for these reviews is in the grey literature of road safety organisations in high income countries and is inaccessible to the transport ministries of other countries. Access to this information, and funding for research and demonstration projects, would enable governments in poorer countries to avoid past errors and create a sound basis for judging the World Bank's initiative.

Dinesh Mohan *professor*

Transportation Research and Injury Prevention Programme, WHO Collaborating Centre, Indian Institute of Technology, Hauz Khas, New Delhi 110016, India (dmohan@cbme.iitd.ernet.in)

Ian Roberts *professor*

Public Health Intervention Research Unit, London School of Hygiene and Tropical Medicine, London WC1B 3DP (ian.roberts@lshtm.ac.uk)

1 Murray CJL, Lopez AD. Global health statistics: a compendium of incidence, prevalence and mortality estimates for over 200 conditions. Cambridge, MA: Harvard University Press, 1996.
2 Global Road Safety Partnership. A global partnership for sustainable improvement of road safety in developing and transition countries. http://www.grsproadsafety.org (accessed 27 Aug 2001).
3 Abbasi K. The World Bank and world health: changing sides. *BMJ* 1999;318:865-9.
4 Roberts I, Norton R, Dunn R. Preventing child pedestrian injuries: pedestrian education or traffic calming. *Aust J Public Health* 1994;18:209-12.
5 Cochrane Injuries Group Driver Education Reviewers. Evidence based road safety: the Driving Standards Agency's schools programme. *Lancet* 2001;358:230-2.

We ask all editorial writers to sign a declaration of competing interests (bmj.com/guides/confli.shtml#aut). *We print the interests only when there are some. When none are shown, the authors have ticked the "None declared" box.*

BMJ 2001;323:648